

REPORT OF QUARTERLY EXPIRED SLOT MACHINE WAGERING VOUCHERS AND PAYOUT RECEIPTS

For Calendar Quarter: _____

Filing Deadline: _____

For Office Use Only

Account Number:		Check Number
Legal Name:		Batch Number
Trade Name:		Entry Date
Address:		
City, State, Zip:		
Please correct if in error		

Instructions

This report must be filed and fees paid on or before the 15th day of the month following the calendar quarter. If your location offers Slot Machine Wagering Vouchers and/or Payout Receipts and you have no expired Wagering Vouchers and/or Payout Receipts, please complete the form with zeros. This report is to be completed for Slot Machine Wagering Vouchers and/or Payout Receipts issued after July 1, 2011. If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

Line 1.	All Expired Slot Machine Wagering Vouchers and/or Payout Receipts (net of refunds): Regulation 6.110 (12)		
	A. 1st Month of Quarter	\$	
	B. 2nd Month of Quarter		
	C. 3rd Month of Quarter		
Line 2.	SUBTOTAL [1A+1B+1C]	\$	
Line 3.	TOTAL DUE BEFORE PENALTY [75% of line 2]		
Line 4.	Penalty for late payment NRS 463.270 (5): Enter number of day(s) late: _____		
	A. Less than 10 days late: 25% of the amount due, but not less than \$50 and not more than \$1,000		
	B. Ten or more days late: 25% of the amount due, but not less than \$50 and not more than \$5,000		
Line 5.	TOTAL AMOUNT DUE [Total of lines 3 and 4A or 4B]	\$	

Please make remittance payable to: NEVADA GAMING COMMISSION
Return to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.
Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the _____ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS